

1000 PTO 26 MAY 2005

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/536758

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		(1)				
5		(1)				
6		(1)				
7		(1)				
8	1					
9		1				
10		2				
11		(1)				
12		(1)				
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TOTAL IND.	2					
TOTAL DEP.	17					
TOTAL CLAIMS	19					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						